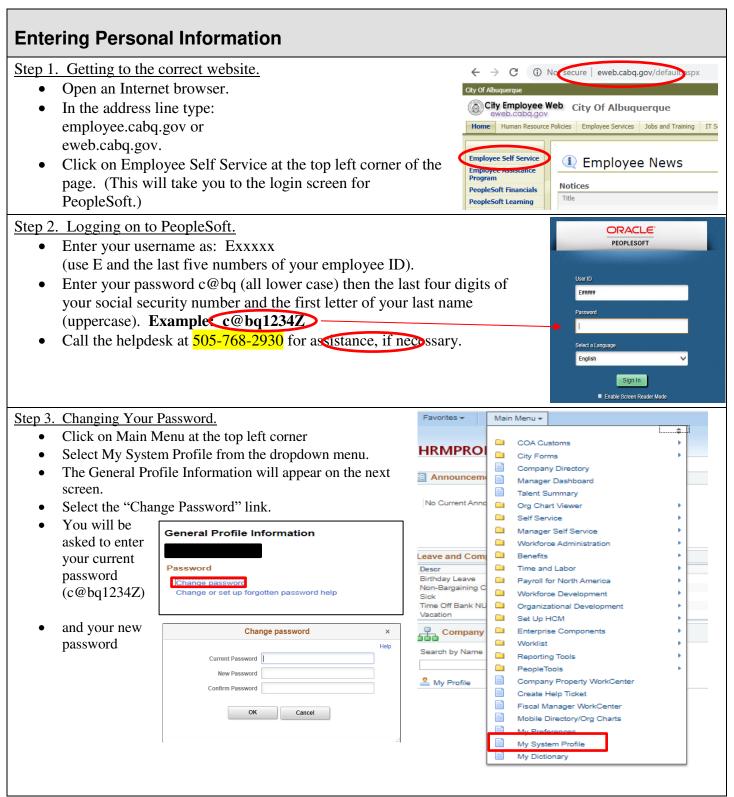
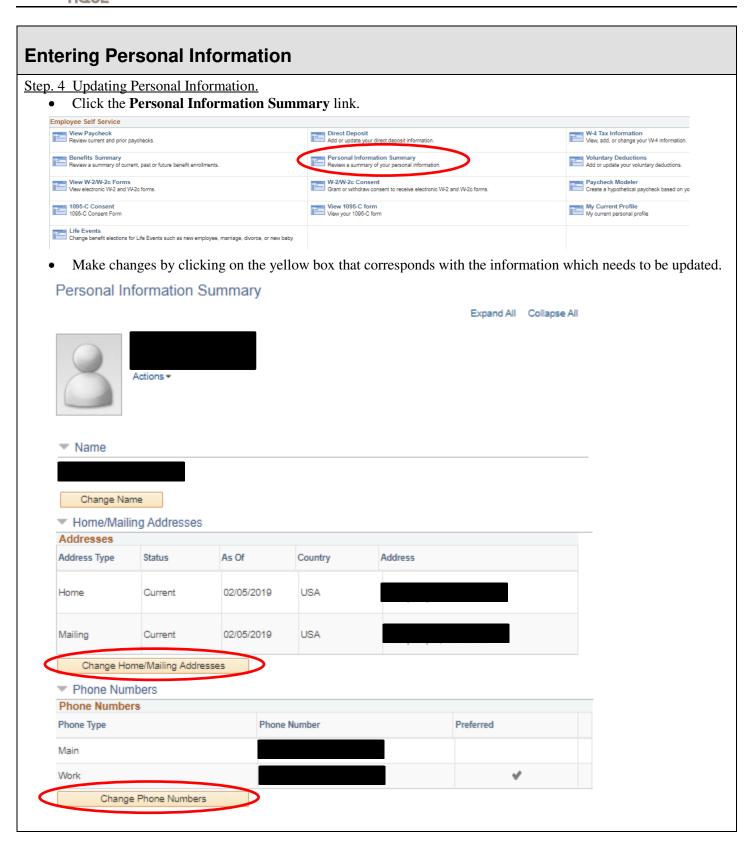


This is a job aide to introduce you to PeopleSoft, the City's Human Resources, Benefits and Payroll system. Please read the instructions carefully to ensure you find and/or updated your information using Employee Self Service (ESS).







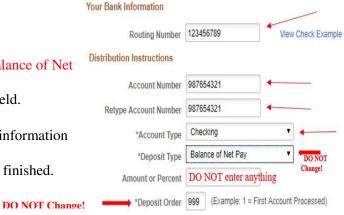


Step 5. Adding Direct Deposit information.

• Click on the **Direct Deposit** link on the Home Screen.

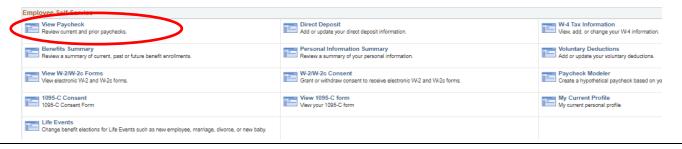


- Enter your bank's Routing Number.
- Enter your Account Number.
- Retype your Account Number.
- Using the drop down menu enter the **Account Type.**
- Use the Deposit Type drow down menu to choose: Balance of Net Pay.
- **DO NOT** enter anything in the **Amount or Percent** field.
- **DO NOT** change the **Deposit Order** number.
- When you have finished entering your Direct Deposit information click on the Save button.
- Click on the **Next** button at the top, right corner, when finished.



Step 6. View Past Paychecks

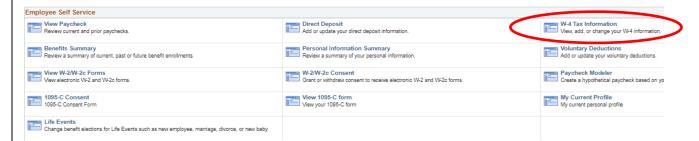
- Click on the View Paycheck link.
- You will find a list of the past paychecks you received. Click on the desired paycheck to view your checkstub.





Step 6. Enter W-4 Tax Information.

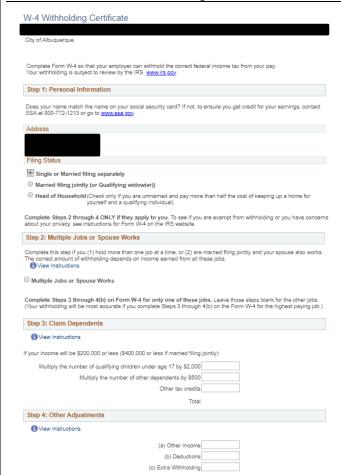
• Click on the **W-4 Tax Information** link.



New Mexico W-4 Data

• Enter information for Step 1 through Step 4 with Federal Withholding information.

• Enter New Mexico State tax information.



New Mexico Marital Status
Single
Married
Additional Amount

Claim Exemption from Withholding
I claim exemption from withholding for the year 2020 and I certify that I meet
BOTH of the following conditions for exemption from withholding:

Last year I owed no federal income tax.
This year I expect to owe no federal income tax.

Check this box if you meet both conditions to claim exemption from tax withholding

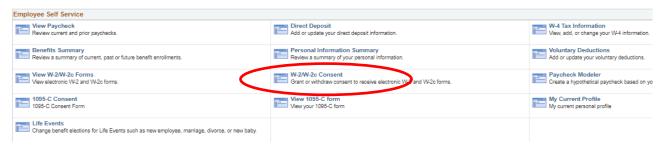
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Submit



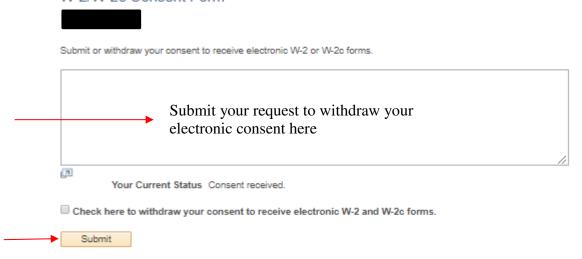
Step 7. Elect to have W-2/W-3c received electronically.

• Click on the W-2/W-2c Consent link.



• The screen which appears, will allow you to either withdraw your consent to receive your W-2 or W-2C electronically or consent to have it received electronically.

W-2/W-2c Consent Form



Step 7a. View W-2/W-2c Information.

• Click on the View W-2/W-2c Forms link.



• A list of available W-2/W-2c's will be available to choose from and can be downloaded for print.



Step 8. Elect to have 1095-C received electronically.

• Click on the 1095-C Consent link.



• By putting a check mark in the box you will consent to receive your 1095-C electronically, every year.

Form 1095-C Consent

You currently receive Form 1095-C statements electronically

You have consented to receive an electronic Form 1095-C. If you prefer to receive a paper Form 1095-C, you must submit a Withdrawal of Consent Form. After you submit the Withdrawal of Consent Form, it is valid until you submit a new Consent Form. If you have any questions, please contact your Benefits Administrator.



Submit

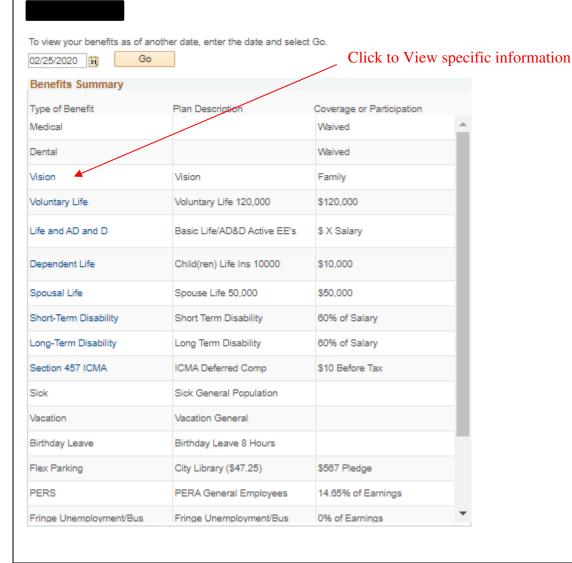


- Step 9. View all elected benefits.
- Click on the Benefits Summary link.



You will be taken to a page that will provide a list of all active benefits you have elected to participate
in. Keep in mind changes take time to process and may not be reflected immediately in the Benefit
Summary.

Benefits Summary



Child



The Benefit Summary has links that will allow you to view the specific benefit information. Simply click on one of the blue links to view. Vision To view your benefits as of another date, enter the date and select Go. m 02/25/2020 Go Vision Plan Name Vision DAVIS VISION, INC Plan Provider Coverage Family Group Number PR0000123610P100001485 Covered Dependents Name Relationship Spouse

• Note: All fields that contain a blue link can be selected to update.



Dependent/Beneficiary Info Dependent/Beneficiary Personal Information Use the Edit button on this page to update this information. Personal Information First Name Middle Name Last Name Name Prefix Name Suffix Date of Birth Gender Male Social Security Number Relationship to Employee Spouse Status Information Marital Status Married Student No Disabled No Smoker Smoker Address and Telephone Same Address as Employee Country Address Same Phone as Employee Phone Main Edit Click to Edit Dependent/Beneficiary Information Click to attach documentation for dependent/beneficiary. Attach Document Return to View Health Care plan